MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH									=62-028638					
DO NOT WRITE ON THIS STUB					egistration District No		mary Registration	Distric 1003	Registrar's No	7533	STATE F	ILE NUMBI	ER	
VS 300	le	2		-	PLACE OF DEATH	1962	· -		II	SSOUT b. COU	sed lived. If institu		idence before admission)	
Rev. 4/59	AMENDED	.//			TOWN	rporate limits, give TOWI St. Louis		Length of stay in 1b		. Louis		Y	Inside Limits 'es   No	
$\frac{1}{2} 2/a$	PATE /	7-		_	c. FULL NAME OF (IF I HOSPITAL OR INSTITUTION	NOT in hospital, give loc Homer G.		Inside Limits Yes □ No □	d. STREET ADDRESS 50	12 Page	utside, give location		eside on Farm	
3				3	NAME OF DECEASED (Type or print)	Ollie	h	Fost	Last CET	4. DATE OF DEATH	Month 2	Day 9	62 <sup>Year</sup>	
4 <b>9</b> 5 1				I _	Fem.	6. COLOR OR RACE Negro	7. Married & Widowed [	Divorced [	3-19-189	1 65	Months	Days H	F UNDER 24 HR Hours Min.	
6	swo .				during most of workin		Ni	SUSINESS OR INDUSTR		ARK	· U.5	· A	AT COUNTRY	
9 1	s FOLLOWS	all			A FATHER'S NAME	FOSTER	24.9	OTHER'S MAIDEN NAM	PLLEN 12 INFORMANT	14. NA	ME OF HUSBAND OF	WIFE	<u> </u>	
	ARE AS	1		- O	es, no. or unknown) (if		servic	- In the second		TATES	OIZ PA		Z VAL BETWEEN	
10	CORD A		DOCUMENT		PART I.	DEATH WAS CAUSED BY	finar	nia				Unkn	VAL BETWEEN T AND DEATH	
12 77- 6	HIS REC		000	I	Conditions, if any, which gave rise to DUE TO (b) Chronic Renal Disease									
13					above cause (a), stating the underlying cause last. DUE TO (c)									
17	ō S		Durestor	ATION	PART II.	OTHER SIGNIFICANT disease condition given	in PART I (a)			the terminal	<del>, ,</del>	pregnancy	in last 90 days.	
<i>).</i> /	WEN			CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO 20	20a. ACCIDENT SUICII		206. DESCRIBE HO	W INJURY OCCURRED	). (Enter nature of	injury in PART I or P	ART II of	item 18.)	
. Z	AMENDMEN			MEDICAL C	20c. TIME OF Hour a.m.	Month, Day, Year			· ·					
USE BLACK INK OR PEWRITER RIBBON			1	MEL	p.m. 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W	D 20e. PLAC	E OF INJURY (e.g. factory, street, of	, in or about home, 2 fice bldg., etc.)	201. CITY, TOWN, OR	LOCATION	COUNTY		STATE	
USE BLACI OR TYPEWRITER	EAD				21. 1 attended the dec	reased from 6-15		, to 7-29-	·62 and	d last saw her aliv	7-29-	52		
ë N K	J.C.	3	1	1	Death occurred at.	10:1	5 A.	m on the	e date stated above, a	and to the best of	my knowledge, from			
US TYPE	SHOULD READ	ma	/IT OF		22a. SIGNATURE	A. 700	C Market Street	)		Whittier			c. DATE SIGNED 7-31-62	
	$\vdash$	5	AFFIDAVIT	1/1	BURIAL, CREMATION, REMOVAL (Specify)	3///02	G-/7 E	FN WOOD C	EMETERY	STLOUIS	ty, town, or county) COUNT	1 /	MO	
	ITEM NO.		BY A		HUNERAL DIRECTOR	1 - 1	DRESS /6/9	AUG	1 1962	EG! 26 DEGIST	rar's signature	. M.	0	

## STATEMENT BY LICENSED EMBALMER

Ιh	ereby certify that the body whose na	ame is recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
working u	nder my personal supervision.	al. a Cott
Student		signed Edward (I Flynn
÷	Signature of Student Embalmer	11444
		Licensed Embalmer No. 777

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

STOOK IN THE STATE

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